12332

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(167)

CERTIFICATE OF DEATH

Reg. Dist. No. 293

1. PLACE OF DEATH:

County Talbot

City or town Rural Near Queen Anne

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Rural Near Queen Anne Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Calvin Anderson

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lulu Anderson

6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) 4/21/80

8. AGE: Years 59 Months 7 Days 28 If less than one day ___ hrs. ___ min.

9. Birthplace Caroline County Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER 12. Name Ferdinand Anderson

13. Birthplace Del

MOTHER 14. Maiden name Susan Boggs

15. Birthplace Del

16. Informant Lulu Anderson

Address Cordova Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/20/39 (month) (day) (year)

Cemetery or crematory Hillsbury

Location James A. Spence

18. Funeral director Easton Md

Address

19. 12/19 1939 (Date rec'd by registrar) J. L. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17th 1939, at 9 A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ___ 19___, to ___ 19___, ~~and that I last saw h___ alive~~ on ___ 19___.

Immediate cause of death Gunshot wound

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of same

Where did injury occur? Talbot Co Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury — Injured at work? —

23. SIGNATURE Louis A. Wetty M.D. M. D. or other

Address Easton Md Dep Med Ex Date signed 12-18-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Dr. Palmer ✓

12333

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 hr. 45 min.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Andrew

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	single

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25 - 1939

8. AGE:

Years	Months	Days	If less than one day
			1 hrs. 45 min.

9. Birthplace Easton, Talbot Co. Maryland.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Herbert Leroy Andrew 2nd

13. Birthplace Talbot County Maryland

MOTHER 14. Maiden name Dorothy Louise Warner

15. Birthplace Talbot County, Maryland.

16. Informant Mr. Herbert L. Andrew

Address Easton, Maryland.

17. cremation Date thereof 12-26-39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton, Md.

18. Funeral director Emergency Hospital

Address Easton

19. 12/26 1939 M. H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1939, at 9:40 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec. 25 1939, to Dec. 25 1939, and that I last saw him alive on Dec. 25 1939

Immediate cause of death	DURATION
Placenta Previa	
Due to Premature	
Intra Uterine Newborn age	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Palmer M. D. or other

Address Easton Md Date signed 12 30 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1910
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

Dr. 12334

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 5 South Hanson St

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 18 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 5 Hanson "South"

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Katie Cheezum

3. (b) Social Security Number —

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife L. L. Cheezum

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Nov 25/71

8. AGE: Years 68 | Months | Days 11 | If less than one day ___ hrs. ___ min.

9. Birthplace Vienna Dorchester Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name James Ross

13. Birthplace Md

MOTHER 14. Maiden name Nellie F. Corkran

15. Birthplace Md

16. Informant L. L. Cheezum

Address Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/8/39 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md

18. Funeral director James A. Spencer

Address Easton Md

19. 12/7 1939 (Date rec'd by registrar) N. H. Neeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6, 1939, at 8 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11 1939, to Dec 6 1939, and that I last saw her alive on Dec. 5, 1939.

Immediate cause of death: Chronic Interstitial Nephritis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James B. Merritt 3rd M.

M. D. or other

Address Easton Md Date signed 12/6

RECEIVED
JAN 6 1940
U.S. KLAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12335

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 mo. 8 das.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME J. Fletcher Clark

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Edna Birge Clark

6(c) If e1ive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7 - 1874

8. AGE: Years	Months	Days	If less than one day
65	9	29	hrs. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual occupation Lawyer

11. Industry or business

FATHER 12. Name Peter T. Clark

13. Birthplace Delaware

MOTHER 14. Maiden name Emily Cooper

15. Birthplace Delaware

16. Informant Edna Birge Clark

Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 9, 1939 (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton, Md.

18. Funeral director James A. Spence

Address Easton Md

19. 12/6/39 (Date rec'd by registrar) N. H. Meires Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1939, at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 28 1939, to December 6 1939, and that I last saw him alive on December 6 1939.

Immediate cause of death	DURATION
Carcinoma Prostatis 5 wks	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. M. Palmer M.D.

Address Easton Md M. D. or other

Date signed 12.8.39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 0 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 290 12336

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Talbot
(b) City or town Easton md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: no
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in this community (yrs., mos., or days) 7

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State md (b) County Talbot
(c) City or town Easton md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 214 Port St
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Mollie Curtis

3 (b) If veteran, name war: no

3 (c) Social Security No.: no

4. Sex: female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Wm Curtis

6. (c) If alive, give age: about 76 years

7. Birth date of deceased (mo., day, yr.): about 1869

8. AGE: Years 60 | Months — | Days — | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: no

FATHER
12. Name: Scott Richardson
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: unknown

16 (a) Informant: Mrs. Ida Harris
(b) Address: 214 Port St. Easton md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11-1939 (month) (day) (year)
(c) Cemetery or crematory Oxford
Location: Oxford md

18 (a) Funeral director: James H. Stewart
(b) Address: Salisbury md

19 (a) 12/9/39 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 7 1939, at 9:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-4 1939, to — 19—, and that I last saw him alive on 12/4 19 39.

Immediate cause of death: Bronchio-pneumonia — Duration: 1 week

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: —
(b) Date of occurrence: —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: —

23. Signature: Taylor Baker M.D.
M. D. or other

Address: Easton Date signed 12-8-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (161)

12337

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Cordova Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alexander Kenneth Foreman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 23-1937

8. AGE:

Years	Months	Days	If less than one day
2	1	17	hrs. min.

9. Birthplace Cordova, Talbot, Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER — 12. Name William Preston Foreman

13. Birthplace Centreville, Md.

MOTHER — 14. Maiden name Mildred Pierce

15. Birthplace Cordova, Md.

16. Informant Mildred Foreman

Address Cordova, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/12/39 (month) (day) (year)

Cemetery or crematory Old Chapel

Location Cordova, Md. Easton R

18. Funeral director James A Spence

Address Easton Md

19. 12/11 (Date rec'd by registrar) 1939 N.H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1939 at 10:45 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 8 1939, to December 10 1939, and that I last saw him alive on December 10 1939.

	DURATION
Immediate cause of death Scald (burn) accidental	2 days
Due to accident	
Due to	
Other conditions no	

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide accident Date of 12-8-39

Where did injury occur? Cordova (City or town) Talbot (County) Md. (State)

Injured at home, farm, industry, public place (where?) home

Means of injury Scald by hot water Injured at work? no

23. SIGNATURE O.W.C. Stevens M. D. (M. D. or other)

Address Easton Md Date signed 12-10-39

RECEIVED
JAN 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12338

108

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Bellevue Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: "Outside"

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Bellevue Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Frank E. Gibson

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Luretta Johnson

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Dec 22 — 1902

8. AGE: Years 37 — Months 11 — Days 16 — If less than one day ___ hrs. ___ min.

9. Birthplace Bellevue Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name James Gibson
13. Birthplace Bellevue Md

MOTHER
14. Maiden name Louisa Green
15. Birthplace Bellevue Md

16. Informant Daniel Jackson
Address Bellevue Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec 12/39
(month) (day) (year)

Cemetery or crematory Ferry Neck.

Location " " Bellevue Md.

18. Funeral director John D Williams
Address Easton, Md.

19. 12/12 1939 N. H. Neeries
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1939, at 10:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 3 1939, to Dec 8 1939, and that I last saw him alive on Dec 8 1939.

Immediate cause of death Pneumonia (Lobar)

Due to Pneumococcus

Due to

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy No

DURATION: 5 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury Injured at work?

23. SIGNATURE P. P. Shewes MD
M. D. or other

Address St Michaels, Md Date signed 12.9.39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12339

(93-c)

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Aurora St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot Co.
City or town: Easton, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Thomas Stantial Gladding
3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Effie Keller Prise
6(c) If alive, give age: 74 years
7. Birth date of deceased (mo., day, yr.): Jan. 18, 1853
8. AGE: Years: 86 Months: 10 Days: 20 If less than one day: hrs. min.
9. Birthplace: Mecklenburg, Va. (Town, county, and state)
10. Usual occupation: Chemist
11. Industry or business
FATHER
12. Name: Benj Gladding
13. Birthplace: New York
MOTHER
14. Maiden name: Mary Stantial
15. Birthplace: England
16. Informant: Mrs. Effie P. Gladding
Address: Easton, Md
17. Shipping for Burial (Burial, cremation, or removal. Which?) Date thereof: 12/12/39 (month) (day) (year)
Cemetery or crematory: Montclair N.J.
Location: Montclair N.J.
18. Funeral director: John D. Williams
Address: Easton, Md.
19. 12/11 1939 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 8 1939, at 11.30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 23 1939, to Dec 8 1939, and that I last saw h[illegible] alive on Dec 8, 39 19

Immediate cause of death	DURATION
Coronary thrombosis	2 wks.
Due to	
Due to	
Other conditions: Chronic Myocarditis	several yrs.
Arteriosclerosis	several yrs.

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: A. McC. Stevens M.D. M. D. or other
Address: Easton Md Date signed: 12-9-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

CERTIFICATE OF DEATH

12340

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Henry

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	C.	Widowed

6 (b) Name of husband or wife William Henry

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2nd 1879

8. AGE:

Years	Months	Days	If less than one day
60	6	29	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name James Skinner

13. Birthplace Md.

MOTHER 14. Maiden name Joanna Skinner

15. Birthplace Md.

16. Informant Della Brooks

Address Easton Md.

17. Burial Date thereof Dec. 4, 1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery (Richards)

Location Easton, Md.

18. Funeral director Jamed A. Spencer

Address Easton Md.

19. 12/4 1939 M.A. Nevitt

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 1939, at 10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1, 1939 to Dec. 1, 1939 and that I last saw h— alive on Dec. 1, 1939.

Immediate cause of death	DURATION
Acute Pancreatonecrosis	1 mo.
Due to Peritonitis	
Due to Gall Stone Disease & Cirrhosis of Liver	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard J. Webb M.D.

M. D. or other

Address Easton Md. Date signed 12/3/39

RECEIVED
JAN 6 1940
BUREAU V. R.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(136-b)

12341

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 22 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Queen Anne

City or town Rural - Queen Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Louise Hollingsworth

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widdowed

6 (b) Name of husband or wife: Mr. William B. Hollingsworth

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): October 5, 1876

8. AGE: Years 63 | Months 1 | Days 26 | If less than one day ____ hrs. ____ min.

9. Birthplace: Tye Mills, Queen Anne, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Mr. J. B. Higgins
13. Birthplace: near Starr, Q.A. Co. Md

MOTHER
14. Maiden name: Molly Smith
15. Birthplace: near Starr, Q.A. Co. Md

16. Informant: Mr. Thomas Hollingsworth
Address: Centreville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 3. 1939 (month) (day) (year)

Cemetery or ~~crematory~~ Chesterfield

Location: Centreville, Maryland

18. Funeral director: Barton Bros
Address: Centreville, Maryland

19. 12/1 1939 (Date rec'd by registrar) N. H. Neirees Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 1939, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 9 1939, to December 1 1939, and that I last saw her alive on December 1 1939.

Immediate cause of death: Nephritis, Acute.

Due to: Duration: One week. C.W.G.R.

Due to

Other conditions: Operation for urethral caruncle.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Urethral Caruncle
Perineal Repair
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: W. N. Palmer
M. D. or other

Address: Easton Md Date signed 12/2 39

RECEIVED
JAN 6 1940
BUREAU V. S.

12342

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(210-m)

Reg. Dist. No. 2 90

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Caroline

City or town Bethlehem Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Roy Robert Hopkins

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 22, 1908

8. AGE: Years 31 | Months 7 | Days 14 | If less than one day hrs. min.

9. Birthplace Smithson, Caroline Md. (Town, county, and state)

10. Usual occupation Labor

11. Industry or business

FATHER: 12. Name Philip Hopkins

13. Birthplace near Bethlehem, Md.

MOTHER: 14. Maiden name Sadie Williamson

15. Birthplace Melbourne

16. Informant Mr. Herbert Hopkins

Address Preston, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/8/39 (month) (day) (year)

Cemetery or crematory Preston

Location Md

18. Funeral director W. H. Hollis & Son

Address Preston Md

19. 12/8 1939 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6th 1939, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death Shock — fractured skull fractured tibia & humerus

Due to Struck by car while riding bicycle along state road

Due to

Other conditions Low grade moron

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 1 hr. ±

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 12-6-39

Where did injury occur? Nr. Bethlehem (City or town) Caroline (County) Md (State)

Injured at home, farm, industry, public place (where?) public highway

Means of injury V-supra Injured at work? No

23. SIGNATURE Louis J. Wetty MD Dep. Med. Ex. M. D. or other

Address Easton Md Date signed 12-6-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
U.S. KLAU V. S.

12343

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(119)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Tilghman, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Glenn Lindsay

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1938

8. AGE: Years 1 | Months 16 mo. 4 | Days 19 | If less than one day hrs. min.

9. Birthplace Tilghman, Talbot Co. Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Carroll Geo. Lindsay

13. Birthplace Baltimore Md

MOTHER 14. Maiden name Lucy Belle Mister

15. Birthplace Tilghman Md

16. Informant Carroll G. Lindsay

Address Tilghman Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12 (month) 9 (day) 39 (year)

Cemetery or crematory Tilghman

Location Tilghman Md

18. Funeral director J. Norman Marshall

Address Pres. J. L. Moore St. Michaels

19. 12/9 1939 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1939, at 11 45 a.m.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from ~~December 8~~ 5 1939, to ~~December 8~~ 1939, and that I last saw him alive on ~~December 8~~ 1939.

Immediate cause of death: Diagnosis deferred

Due to: Acute dehydration; secondary to

Due to: Diarrhoea and enteritis. Q.W.G.R.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Louis J. Wretty M.D. Dep. Med Exam. M. D. or other

Address Easton Md Date signed 12-8-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940

RECEIVED
DEC 18 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12344

(107a)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Easton Emergency Hospital

Stay in hospital or Inst. (yrs., or mos., or days) 15 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town St. Michaels Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Daniel Bateman Lomax

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8 - 1938

8. AGE: Years 1 | Months 6 | Days 10 | If less than one day hrs. min.

9. Birthplace Easton, Talbot, Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Roland W. Lomax

13. Birthplace Mc Daniel Maryland

MOTHER 14. Maiden name Fredia Harrison

15. Birthplace Bozman, Maryland

16. Informant Roland W. Lomax

Address St. Michaels, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/19/39 (month) (day) (year)

Cemetery or crematory Bozman

Location Bozman Md.

18. Funeral director Newnam & Harrow

Address St. Michaels Md.

19. 12/18 1939 M H. Reeves (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18 1939, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 3 1939, to December 18 1939, and that I last saw him alive on December 18 1939.

Immediate cause of death	DURATION
Hemorrhage Pneumococcus	1½ hrs
Due to	
Due to	
Other conditions Bronchopneumonia	4 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edward H. McCoy M.D. or other

Address Easton Md. Date signed 12-18-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ITEM NO. 1 TO BE TYPED

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

12345

CERTIFICATE OF DEATH

Dr Stevens

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Rural Near Easton Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: "Outside" ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 15 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Rural Near Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Fannie Carman Marvel

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife George A. Marvel ✓

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 5/19/62

8. AGE: Years 77 Months 6 Days 16 If less than one day ___ hrs. ___ min.

9. Birthplace Newcastle County Del (Town, county, and state)

10. Usual occupation School Teacher

11. Industry or business Retired

FATHER 12. Name Thos J. Reynolds

13. Birthplace Delaware

MOTHER 14. Maiden name Mary V. Carman

15. Birthplace Easton Pell

16. Informant Virginia V. Reynolds

Address Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/7/39 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md

18. Funeral director James A. Spence

Address Easton Md

19. 12/6 1939 (Date rec'd by registrar) N. H. Nessus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/5/39 19 ___, at 1:15 am M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1939, to Dec 5 1939, and that I last saw her alive on Dec 5 1939.

Immediate cause of death Chronic nephritis

Due to

Due to

Other conditions Chronic Myocarditis Arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

DURATION: several years; several years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?) ___

Means of injury ___ Injured at work?

23. SIGNATURE A. McC. Stevens MD M. D. or other

Address Easton Md Date signed 12-5-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12346

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
County Talbot
City or town St. Michaels
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) one night

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Bozman Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Lee Moody

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11 1908

8. AGE: Years	Months	Days	If less than one day
31	8	15	hrs. min.

9. Birthplace Bozman Md
(Town, county, and state)
10. Usual occupation Houseman
11. Industry or business

FATHER
12. Name Robert Moody
13. Birthplace Bozman, Md

MOTHER
14. Maiden name Sara Elizabeth Bailey
15. Birthplace Bozman Md

16. Informant David Edmonds
Address Bozman, Md

17. Burial (Burial, cremation, or removal) Which?) Date thereof Dec 28, 1939 (month) (day) (year)
Cemetery or crematory Church, "colored"
Location Bozman, Md
18. Funeral director Newnam & Hanson
Address St. Michaels, Md.

19. Dec 28 1939 (Date rec'd by registrar) John H Bowales Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1939 at 3a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1939 to Dec 26 1939 and that I last saw him alive on Dec 26 1939

Immediate cause of death	DURATION
Coronary disease	3 hrs.
Due to	1 hr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. H. Hope M.D.
M. D. or other
Address St. Michaels Date signed 12/27/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

12347

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53D)

CERTIFICATE OF DEATH

Reg. Dist. No. 293

1. PLACE OF DEATH:
County: Talbot
City or town: Near Queen Ann
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Near Queen Ann Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Minnie Irene Murphy

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or ~~wife~~: Reynolds Murphy
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb 2nd 1895

8. AGE: Years 44 | Months 10 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace: Hillsboro Caroline Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Hackett Morgan
13. Birthplace: Maryland

MOTHER
14. Maiden name: Minnie Wheeler
15. Birthplace: Maryland

18. Informant: Reynolds Murphy Husband
Address: Queen Ann Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 12-31-39 (month) (day) (year)
Cemetery or crematory: Greenmount Cemetery
Location: Hillsboro, Md.

18. Funeral director: J. Virgil Moore & Son
Address: Denton, Md.

19. 12/30 1939 (Date rec'd by registrar) J. L. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 29 1939, at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sep 1939, to Dec 29 1939, and that I last saw him alive on Dec 28 1939.

Immediate cause of death: Cancer of Sternum

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Melvin N Nichols M. D. or other
Address: Denton, Md Date signed: 1/31/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
9 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr alarm 12348

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
107 Dawson st
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 17 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 107 Dawson
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Nolen C. Robinson

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3/12/22

8. AGE: Years	Months	Days	If less than one day
17	9	6	hrs. min.

9. Birthplace Talbot County Md (Town, county, and state)
10. Usual occupation Housework
11. Industry or business —

FATHER
12. Name James Robinson
13. Birthplace Florida

MOTHER
14. Maiden name Bertha Coffman
15. Birthplace Md

16. Informant Bertha Robinson
Address Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/26/39 (month) (day) (year)
Cemetery or crematory Richards
Location Easton Md

18. Funeral director James A Spence
Address Easton Md

19. 12/26 (Date rec'd by registrar) 1939 N. A. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 - 1939 19 , at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 23 1939 to Dec 23 1939, and that I last saw him alive on Dec 23 1939.

Immediate cause of death	DURATION
Tuberculosis Pulm. Acute	6 mos
Due to	
Due to	
Other conditions Unknown	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE A. McC. Stevens M. D. M. D. or other
Address Easton Md Date signed 12-26-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

Dr Hammond 12349

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: N. Washington St

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 1 Mos

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3.(a) FULL NAME Frederick Wheeler Ross

3.(b) Social Security Number ✓

4. Sex Male

5. Color or race White

6.(a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife ✓

✓ 6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 3/18/59

8. AGE: Years 80 Months 8 Days 28 If less than one day ___ hrs. ___ min.

9. Birthplace Warwick Orange N Est

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Commercial Castings

FATHER 12. Name James D. Ross

13. Birthplace N Y

MOTHER 14. Maiden name Mary F. Barnum

15. Birthplace Conn

16. Informant Marions Bennett

Address Easton Md. R.D. 4

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/19/39 (month) (day) (year)

Cemetery or crematory Dale

Location Ossening N Y

18. Funeral director James A. Spence

Address Easton Md.

19. 12/18 1939 (Date rec'd by registrar) N. H. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1939, at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 11 1939, to December 16 1939, and that I last saw him alive on December 16 1939.

Immediate cause of death Cerebral apoplexy — DURATION 6 days

Due to Arteriosclerosis — ?

Due to ✓

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE William T. Hammond M. D. or other

Address Easton Maryland Date signed 12-18-39

RECEIVED
JAN 6 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12350

Reg. Dist. No. 290

1. PLACE OF DEATH

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Sudlersville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: ~~Baby Boy~~ Short

3. (b) Social Security Number

4. Sex: male

5. Color or race: w

6. (a) Single, married, widowed, or divorced: fetus

6 (b) Name of husband or wife: Mrs Florence Short (mother)

6(c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.): Dec 18 - 1939

8. AGE: Years: 3 mo. fetus | Months | Days | If less than one day: hrs. min.

9. Birthplace: Emergency Hospital (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name: Mr. George Short

13. Birthplace: ? Del.

MOTHER

14. Maiden name: Mrs Florence Jackson

15. Birthplace: Templeville, Md

16. Informant: Mrs. Florence Short

Address: Sudlersville, Md

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 12/18/39 (month) (day) (year)

Cemetery or crematory: Emergency Hospital

Location: Easton, Md.

18. Funeral director: Emergency Hospital

Address: Easton, Md.

19. 12/18 1939 (Date rec'd by registrar) N. H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 18 1939, at 4:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Still-born

Due to: Brain tumor mother pregnancy interrupted

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. N. Palmer, M. D. or other

Address: Easton Md Date signed 12/20/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 8 1970
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12351

(131)

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Easton Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: Caroline?
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Smith Steelman

3. (b) Social Security Number

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Sally Caroline Steelman
6(c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) October 12, 1859
8. AGE: Years 80 Months 2 Days 9 If less than one day ___ hrs. ___ min.
9. Birthplace Mays Landing, New Jersey (Town, county, and state)
10. Usual occupation Rail Roading
11. Industry or business
FATHER 12. Name John Steelman
13. Birthplace Mays Landing N. J.
MOTHER 14. Maiden name Matilda Smith
15. Birthplace Mays Landing N. J.
16. Informant Mr. LeRoy Steelman
Address Dagsboro, Del.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-24-39 (month) (day) (year)
Cemetery or crematory Reynolds Cemetery
Location Near Milton, Del.
18. Funeral director J. Virgil Moore & Son
Address Denton Md.
19. 12/22 1939 (Date rec'd by registrar) N. H. Neeves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1939, at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 23 1939, to Dec. 21 1939, and that I last saw him alive on 12-21- 1939.

Immediate cause of death	DURATION
Chronic myocarditis	?
Chronic interstitial nephritis	
Due to	
Hypertrophied Prostate	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D. M. D. or other
Address Easton Md Date signed 12/22/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12352

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME H. Avery Tuttle

3. (b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of ~~husband~~ or wife Martha Jennings Tuttle

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) April 29th 1861

8. AGE:

Years	Months	Days	If less than one day
78	7	29	hrs. min.

9. Birthplace New York.

(Town, county, and state)

10. Usual occupation Retired Merchant

11. Industry or business

FATHER

12. Name Nathaniel Tuttle

13. Birthplace New Hampshire

MOTHER

14. Maiden name Adelia Maria Avery

15. Birthplace N. York.

16. Informant Martha Jennings Tuttle

Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 1 1940 (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton, Md.

18. Funeral director James A. Shuman

Address Easton, Md.

19. 1/31 1939 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28 1939, at 5:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-19 1937, to 12-28 1939, and that I last saw h~~im~~ alive on 12-28 1939.

Immediate cause of death	DURATION
Myocardial Disease, Chronic	
Due to Senility	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker M.D.

M. D. or other

Address Easton Date signed 1-3-39

RECEIVED
JAN 8 1940
PLANT V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12353

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Easton Emergency

Stay in hospital or inst. (yrs., or mos., or days) One day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Mich. County

City or town Elmira Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John I Whelock

3. (b) Social Security Number

4. Sex M. | 5. Color or race W | 6.(a) Single, married, widowed, or divorced Unknown

6 (b) Name of husband or wife Unknown

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 72 | Months | Days | If less than one day hrs. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual occupation "

11. Industry or business "

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name "

15. Birthplace "

16. Informant Earl W. Stafford

Address Easton

17. Burial Date thereof 1/4/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Potter's Field

Location Easton Md.

18. Funeral director Earl W. Stafford

Address Easton Md.

19. 1/4 1940 N. H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31 1939 at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30 1939, to Dec 31 1939, and that I last saw h[illegible] alive on Dec 31 1939.

	DURATION
Immediate cause of death Coronary Thrombosis	2 days
Due to	
Due to	
Other conditions Acute myocarditis	2 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. M. C. Stevens M.D.
M. D. or other

Address Easton Md Date signed 12-31-39

RECEIVED
JAN 8 1940
U. S.